



**State of Louisiana**

**La Gov ERP Project**

**Agency Conversion Instruction Document**

**C059-FIN-GTR-DCD050-Agencies-CRM-Grantor Business Partner**

**“Open Grantor Claims”**



## Introduction

As part of the Go-Live data conversion, the legacy grantor data that belongs to Open Grantor Claims needs to be converted and uploaded into the CRM Grantor solution.

More specifically, legacy grantor claim data for “open” grantor agreements **not** maintained within CFMS or AFS will have to be populated using the grantor agreement spreadsheet.

## Spreadsheet Definition & Instructions “Open Claims”

The following table lists the fields contained in the **Open Claims** spreadsheet and indicates who is responsible for populating the field, the length of characters allowed, a brief description of what is needed, and whether the field is mandatory (M) or optional (O). Please disregard the field length number and use standard language.

In reference to the “grantor program ID” and its numbering scheme, please refer to the Powerpoint presentations that were sent out to the attendees of our 08/20, meeting. In remembering our conversation from the 8/20 meeting, we discussed the fact that if your agency does NOT have approved cost centers from the LaGov staff, then please create your “grantor program ID” up to the second entry of your business area (agency #) followed by all zero’s.

**For example: S12300010910011230000000**

Below are requirements that must be followed when completing the Open Claims spreadsheet:

Legacy System Data “O” = Optional, “M” = Mandatory			
M / O	Field Name	Information Needed in this Field	Length
M	<b>Legacy ID</b>	Agency to complete – Unique Claim Number/Identifier Used in Legacy System(s)	40
M	<b>Description</b>	Agency to complete – Claim Description	40
M	<b>Applicant</b>	Agency to complete – Who Is the Applicant That Is Claiming These Monies?	10
M	<b>Vendor ID</b>	Agency to complete – Vendor ID That is Claiming Money?	10
M	<b>Start Date</b>	Agency to complete – Claim Start Date (For example: Start date for February Claim will be – 02/01/2009)	15
M	<b>End Date</b>	Agency to complete – Claim End Date (For example: End date for February Claim will be – 02/28/2009)	15
M	<b>Employee Responsible ID</b>	Agency to complete – Employee Responsible for Claims (State Agency Level Personnel Number P-#)	10



<b>M</b>	<b>Agency</b>	Agency to complete – Agency Responsible for Program Execution	14
<b>M</b>	<b>Program ID</b>	Agency to complete – ID of Grantor Program to Which Claim is Connected	24
<b>M</b>	<b>Agreement ID</b>	Agency to complete – ID of Agreement to Which Claim is Connected	10
<b>M</b>	<b>Claim Status</b>	Agency to complete – Choices: <i>Create, Review, Approve, Reject</i>	5
<b>M</b>	<b>Item Number</b>	Agency to complete – Item Number (Should be listed sequentially down the spreadsheet based on number of expense types – from 1 to N)	15
<b>M</b>	<b>Payment Type</b>	Agency to Complete – Choices: <i>Advance, Payment, Repayment</i>	4
<b>M</b>	<b>Expense Type</b>	Agency to Complete – Expense Type ( <i>List expense types such as: Salaries, Supplies, Travel, Equipment, etc.</i> )	15
<b>M</b>	<b>Authorized Amount</b>	Agency to complete – Claim Amount Authorized for This Expense Type	15